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CONFIRMATION NO. 9347

<b>SERIAL NUMBER</b> 10/733,767	<b>FILING OR 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 072121-0371	
<b>APPLICANTS</b> David Y. Chien, Alamo, CA; Bruce H. Phelps, Clayton, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/432,665 12/12/2002 and claims benefit of 60/435,287 12/23/2002					
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/10/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 55	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27476					
<b>TITLE</b> Device and method for in-line blood testing using biochips					
<b>FILING FEE RECEIVED</b> 1550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		